

Tom Meccia Library Scholarship \$500

Applications can be obtained from the Financial Aid & Scholarship Office Services (K1-312) and also online at: http://www.sdmiramar.edu/campus/scholarship-office/applications

SELECTION CRITERIA:

- Currently enrolled in at 12 units at San Diego Miramar College
- Completed a minimum of 12 units at San Diego Miramar College
- Grade point average of 3.0 or higher
- Campus involvement (i.e.: ASG, clubs, and committees)

1 scholarship in the amount of \$500 will be awarded. The scholarship recipient will be notified by March 15, 2019 and will be invited to attend the San Diego Miramar College Scholarship Awards Ceremony on April 10, 2019.

INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Office Services Office (K1-312) or by email to: mirascholarships@sdccd.edu

Required application attachments should be submitted together with your scholarship application. To send attachments separately (references, letters of recommendation, transcripts, etc.) include the applicant's name, student ID#, and the name of the scholarship in the subject line. Please use separate emails for different scholarships.

Application Deadline February 14, 2019

San Diego Miramar College Financial Aid & Scholarship Services Office, K1-312 10440 Black Mountain Road San Diego, CA. 92126 Phone: (619) 388-7864

TOM MECCIA LIBRARY scholarship application

scholarships.



| PERSONAL INFORMATION | | | | | | |
|--|---|--|---|-----------|--|--|
| NAME: | | | STUDENT ID#: | | | |
| ADDRESS: | | | | | | |
| CITY: | | STATE: | | ZIP CODE: | | |
| PHONE: | E-MAIL: | | | | | |
| | | | | | | |
| ADDITIONAL ACADEMIC INFORMATION | | | | | | |
| CURRENT CUMULATIVE GPA: | | | | | | |
| NUMBER OF UNITS COMPLETED | | NUMBER OF UNITS CURRENTLY ENROLLED AT SAN DIEGO MIRAMAR COLLEGE: | | | | |
| AT SAN DIEGO MIRAMAR COLLEGE: | | ENRULLED AT SAN DIEGO MIRAMAR CULLEGE: | | | | |
| | | | | | | |
| APPLICATION REQUIREMENTS: | | | | | | |
| Submit a well-written original essay in 500 words or less relating your college and community involvement to your educational/career goals. | | | | | | |
| | | | | | | |
| CERTIFICATION AND RELEASE | | | | | | |
| I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that I will not be eligible for this scholarship if I have misrepresented myself in any way. I authorize the necessary persons to have access to my student records in the processing of this application. | | | | | | |
| SIGNATURE: | | | DATE: | | | |
| Aid & Scholarship Services Office, K1-312, | application must be received by the Financial & Scholarship Services Office, K1-312, no later an 7:00pm on Thursday, February 14, 2019. | | San Diego Miramar College Financial Aid & Scholarship Services Office, K1-312 10440 Black Mountain Road San Diego, CA 92126 Phone: (619) 388-7864 Fax: (619) 388-7910 | | | |
| INSTRUCTIONS: All scholarship applications must be submitted to the Financial Aid & Scholarship Services Office (K1-312) or by email to: mirascholarships@sdccd.edu | | | | | | |
| Required application attachments should be submitted together with your scholarship application. To send attachments separately (references, letters of recommendation, transcripts, etc.) include the applicant's name, student ID#, and the name of the scholarship in the subject line. Please use separate emails for different | | | | | | |



Applicant Signature:

SCHOLARSHIP AWARDS CEREMONY ATTENDANCE & "THANK YOU" LETTER

The donors of scholarships have dedicated themselves to raising money to help students reach their educational and vocational dreams. Many of our members are from non-profit organizations who take great pleasure and time to raise funds for our student scholars.

If you are a winner of this year's scholarship(s), you are expected to attend the Scholarship Awards Ceremony held on Wednesday, April 10, 2019. The event time is tentatively scheduled from 1-5pm.

All 2019 scholarship recipients will be required to provide a "Thank You" Letter to the donor expressing your sincere appreciation of the award(s).

By signing below you agree to comply with the statements listed above.

Date:

| Print Name: | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| RELEASE OF INFORMATION (required) | | | | | |
| As a scholarship recipient, I authorize the Miramar College Foundation and the San Diego Miramar College Financial Aid & Scholarship Services Office to use my information (name, scholarship, amount, and pictures) for press and media purposes. Please return this form to the Financial Aid & Scholarship Services Office, K1-312. | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| State: | Zip Code: | | | | |
| Applicant Signature: | | | | | |
| | , I authorize the Miramar Coll nancial Aid & Scholarship Serv arship, amount, and pictures) the Financial Aid & Scholarsh | | | | |